REPORT - HIPAA 271 to CSDB mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Eligibility, Coverage or Benefit Information						May want 271 also, for funding source and/or disability code?	Translation
	ST	Transaction Set Header		R					
	BHT	Beginning of Hierarchical Transaction		R					
2000A	*HL*	*Information Source Level*		*R*					
2000A	HL	Information Source Level		R					
2000A	AAA	Request Validation		S					
2100A	*NM1*	*Information Source Name*		*R*					
2100A	NM1	Information Source Name		R					
2100A	REF	Information Source Additional Identification		S					
2100A	PER	Information Source Contact Information		S					
2100A	AAA	Request Validation		S					
2000B	*HL*	*Information Receiver Level*		*S*					
2000B	HL	Information Receiver Level		S					
2100B	*NM1*	*Information Receiver Name*		*R*					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100B	NM1	Information Receiver Name		R					
2100B	REF	Information Receiver Additional Identification		S					
2100B	AAA	Information Receiver Request Validation		S					
2000C	*HL*	*Subscriber Level*		*S*					
2000C	HL	Subscriber Level		S					
2000C	TRN	Subscriber Trace Number		S					
2100C	*NM1*	*Subscriber Name*		*R*					
2100C	NM1	Subscriber Name		R					
2100C	REF	Subscriber Additional Identification		S					
2100C	N 3	Subscriber Address		S					
2100C	N 4	Subscriber City/State/ZIP Code		S					
2100C	PER	Subscriber Contact Information		S					
2100C	AAA	Subscriber Request Validation		S					
2100C	DMG	Subscriber Demographic Information		S					
2100C	INS	Subscriber Relationship		S					
2100C	DTP	Subscriber Date		S					
2110C	*EB*	*Subscriber Eligibility or Benefit Information*		*S*					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2110C	EB	Subscriber Eligibility or Benefit Information		S					
2110C	HSD	Health Care Services Delivery		S					
2110C	REF	Subscriber Additional Identification		S					
2110C	DTP	Subscriber Eligibility/Benefit Date		S					
2110C	AAA	Subscriber Request Validation		S					
2110C	MSG	Message Text		S					
2115C	*III*	*Subscriber Eligibility or Benefit Additional Information*		*S*					
2115C	III	Subscriber Eligibility or Benefit Additional Information		S					
2115C	LS	Loop Header		S					
2120C	*NM1*	*Subscriber Benefit Related Entity Name*		*S*					
2120C	NM1	Subscriber Benefit Related Entity Name		S					
2120C	N 3	Subscriber Benefit Related Entity Address		S					
2120C	N 4	Subscriber Benefit Related City/State/ZIP Code		S					
2120C	PER	Subscriber Benefit Related Entity Contact Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2120C	PRV	Subscriber Benefit Related Provider Information		S					
2120C	LE	Loop Trailer		S					
2000D	*HL*	*Dependent Level*		*S*					
2000D	HL	Dependent Level		S					
2000D	TRN	Dependent Trace Number		S					
2100D	*NM1*	*Dependent Name*		*R*					
2100D	NM1	Dependent Name		R					
2100D	REF	Dependent Additional Identification		S					
2100D	N 3	Dependent Address		S					
2100D	N 4	Dependent City/State/ZIP Code		S					
2100D	PER	Dependent Contact Information		S					
2100D	AAA	Dependent Request Validation		S					
2100D	DMG	Dependent Demographic Information		S					
2100D	INS	Dependent Relationship		S					
2100D	DTP	Dependent Date		S					
2110D	*EB*	*Dependent Eligibility or Benefit Information*		*S*					
2110D	EB	Dependent Eligibility or Benefit Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2110D	HSD	Health Care Services Delivery		S					
2110D	REF	Dependent Additional Identification		S					
2110D	DTP	Dependent Eligibility/Benefit Date		S					
2110D	AAA	Dependent Request Validation		S					
2110D	MSG	Message Text		S					
2115D	*III*	*Dependent Eligibility or Benefit Additional Information*		*S*					
2115D	III	Dependent Eligibility or Benefit Additional Information		S					
2115D	LS	Dependent Eligibility or Benefit Information		S					
2120D	*NM1*	*Dependent Benefit Related Entity Name*		*S*					
2120D	NM1	Dependent Benefit Related Entity Name		S					
2120D	N 3	Dependent Benefit Related Entity Address		S					
2120D	N 4	Dependent Benefit Related Entity City/State/ZIP Code		S					
2120D	PER	Dependent Benefit Related Entity Contact Information		S					
2120D	PRV	Dependent Benefit Related Provider Information		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2120D	LE	Loop Trailer		S					
2120D	SE	Transaction Set Trailer		R					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)